

NEBRASKA PUBLIC HEALTH LABORATORYUNIVERSITY OF NEBRASKA MEDICAL CENTER
981180 NEBRASKA MEDICAL CENTER
OMAHA, NEBRASKA 68198-1180PHONE: 402.559.2440
TOLL FREE: 866.290.1406
FAX: 402.559.9497**NPHL**
Test Request Form

PATIENT LAST NAME		FIRST NAME		MI	COLLECTION DATE		TIME	
					/ /		AM / PM	
DOB		GENDER		PT. ID# / ADDITIONAL INFO		PROVIDER:		
/ /		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREGNANT				(LAST, FIRST, MI) (NPI)		
PATIENT ADDRESS					Submitted to NPHL by:			
APT					Account Number			
CITY					Account Name			
STATE ZIP					Address			
COUNTY CODE STATE CODE SURVEILLANCE SITE					City State Zip Code			
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander					Phone Fax			
<input type="checkbox"/> Unknown <input type="checkbox"/> Other					Originating Laboratory or Clinic:			
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					Name			
Clinical Diagnosis/Etiology Agent:					City & Phone #			
Date of Onset: Recent Travel <input type="checkbox"/> NO <input type="checkbox"/> YES, Specify below					The tests below require approval by NPHL before submission			
State/Country: Travel Dates:					NPHL Phone: 402.559.9444 NPHL 24/7 Pager: 402.888.5588			
Source: <input type="checkbox"/> Blood <input type="checkbox"/> Bronchial Aspirate <input type="checkbox"/> Cervical					Test approved by: Phone #:			
<input type="checkbox"/> CSF <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Sputum					Date of approval:			
<input type="checkbox"/> Stool <input type="checkbox"/> Throat <input type="checkbox"/> Urethral					Collected by: Phone #:			
<input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other								
REPORTABLE CONFIRMED ORGANISM/BANK ONLY					BACTERIOLOGY/GENERAL			
<input type="checkbox"/> E. coli O157:H7 (NPHLBK)					<input type="checkbox"/> Bordetella pertussis culture (BPERT)			
<input type="checkbox"/> E. coli non-O157					<input type="checkbox"/> Legionella spp culture (LEGCU)			
<input type="checkbox"/> Listeria monocytogenes					OTHER:			
<input type="checkbox"/> Salmonella List Serogroup (if known):					MYCOLOGY			
<input type="checkbox"/> Shigella spp. not sonnei List Species:					<input type="checkbox"/> Identification from isolate (FUNID)			
<input type="checkbox"/> Vibrio spp. List Species:					OTHER:			
<input type="checkbox"/> Streptococcus pneumoniae (sterile site only)					PARASITOLOGY			
<input type="checkbox"/> OTHER:					<input type="checkbox"/> Cryptosporidium confirmation (OVPCY)			
CONFIRMATION IDENTIFICATION FROM ISOLATE					<input type="checkbox"/> Cyclospora confirmation (OVPCY)			
<input type="checkbox"/> Shigatoxin-positive E.coli (HECCU)					<input type="checkbox"/> Ova and Parasites, Foreign Travel: Include in above demographics (OVPAR)			
<input type="checkbox"/> OTHER:					<input type="checkbox"/> Ectoparasite ID (Indicate Source) (ECTO)			
SEROTYPING / SEROGROUPING ISOLATE					<input type="checkbox"/> Bedbug <input type="checkbox"/> Lice <input type="checkbox"/> Tick <input type="checkbox"/> Worm <input type="checkbox"/> Other:			
<input type="checkbox"/> Haemophilus influenzae (sterile sites only) (BNK)					MOLECULAR VIROLOGY			
<input type="checkbox"/> Neisseria meningitidis (sterile sites only)					<input type="checkbox"/> Enterovirus PCR (EVOT)			
<input type="checkbox"/> OTHER:					<input type="checkbox"/> Herpes panel PCR (blood) (HVMPB)			
STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA					<input type="checkbox"/> Herpes panel PCR (CSF) (HVMPB)			
Provide test method used to detect positive:					<input type="checkbox"/> Norovirus RNA (stool) (NVDET)			
<input type="checkbox"/> Cryptosporidium (NPHLBK) <input type="checkbox"/> Salmonella (ORGSS)					<input type="checkbox"/> Norovirus Sequencing (NVSEQ)			
<input type="checkbox"/> Cyclospora (NPHLBK) <input type="checkbox"/> STEC (HECCU)					<input type="checkbox"/> MERS PCR (MERSC)			
<input type="checkbox"/> E. coli O157 (HECCU) <input type="checkbox"/> Vibrio (ORGISO)					<input type="checkbox"/> Zika PCR (ARBPCR)			
<input type="checkbox"/> Giardia (NPHLBK) <input type="checkbox"/> Yersinia (ORGISO)					OTHER:			
Do not send in formalin-SAF, PVA, Prototix					MULTIPLEX PCR			
<input type="checkbox"/> Stool positive for Shigatoxin by EIA (confirmation) (HECCU)					<input type="checkbox"/> GI Panel (GIP)			
<input type="checkbox"/> OTHER:					<input type="checkbox"/> Respiratory Pathogen Panel (RESPP)			
PROOF-OF-CURE FOR PREVIOUSLY POSITIVE STOOLS					SEROLOGY			
<input type="checkbox"/> Shigatoxin E. coli (SHIGA)					<input type="checkbox"/> Measles (Rubeola) virus IgG (MEAT)			
<input type="checkbox"/> Salmonella (ORGSS)					<input type="checkbox"/> Measles virus IgM (CDCSO)			
<input type="checkbox"/> Shigella (ORGSS)					<input type="checkbox"/> Mumps virus IgG (MUMPG)			
<input type="checkbox"/> OTHER:					<input type="checkbox"/> Mumps virus IgM (MUMPM)			
ANTIBIOTIC RESISTANCE CONFIRMATION					<input type="checkbox"/> West Nile virus IgG/IgM <input type="checkbox"/> Serum <input type="checkbox"/> CSF (WNAB / WNIGMC)			
<input type="checkbox"/> CRE or KPC/NDM ** (CARBAR)					<input type="checkbox"/> Zika virus IgM <input type="checkbox"/> Serum <input type="checkbox"/> CSF (ZIKSER / ZIKCSF)			
<input type="checkbox"/> ESBL (BNK or ORGCU if Pt Account)					OTHER:			
<input type="checkbox"/> VISA/VRSA (BNK or ORGCU if Pt Account)					MOLECULAR BACTERIOLOGY			
<input type="checkbox"/> OTHER:					<input type="checkbox"/> Bordetella pertussis DNA (nasopharyngeal) (BPD)			
** Supplemental Form Required					OTHER:			
SUSPECT BT ORGANISM / UNABLE TO RULE OUT					MYCOBACTERIOLOGY/TB			
Submit through STATPack or page 402.888.5588 prior to referral					<input type="checkbox"/> AFB Culture and Smear; includes susceptibility (AFBCU)			
Include all biochemical results					*Collect 1 specimen every 24 hours for 3 days.			
<input type="checkbox"/> Bacillus spp. (BTID)					<input type="checkbox"/> AFB Identification (AFBIS)			
<input type="checkbox"/> Brucella spp.					<input type="checkbox"/> M. tuberculosis direct PCR (TBAPR)			
<input type="checkbox"/> Burkholderia spp.					<input type="checkbox"/> M. tuberculosis genotyping (TBGEN)			
<input type="checkbox"/> Francisella spp.					<input type="checkbox"/> M. tuberculosis direct susceptibility testing (AFBIS)			
<input type="checkbox"/> Yersinia spp.					OTHER:			
Additional Testing/Comments:								



Packaging and Shipping to Nebraska Public Health Laboratory

Category A Infectious Substances, Affective Humans UN2814

Category B Biological Substances, UN3373

Specimen Handling:

Practice universal blood and body fluid precautions when handling specimens. Specimens must be collected in or transferred to leakproof primary containers. The container must have at least two patient identifiers and be placed into a secondary sealed biohazard bag to prevent contamination. The biohazard bag should be equipped with an absorbent material, large enough to absorb the entire contents if spilled. The person determining if a package can be shipped as exempt, biological or infectious substance, must be trained in the classification process. All materials must be accompanied by the appropriately completed requisition. Most clinical specimens can be handled as an exempt or category B biological substance, placed in a biohazard bag and offered to the ground courier service. All organism isolates on culture media or in broth must be triple packaged in either the Biological Substances UN3373 (Category B) or the Infectious Substances UN2814 (Category A) provided by Nebraska Public Health Laboratory (NPHL). Contact Karen Stiles at 402.598.2348 or page 402.888.5588 for shipping additional material or instructions.

Shipping Certification:

To ensure the safety of laboratory personnel and the public, proper handling of specimens and propagated organisms is mandatory. The shipper is legally responsible to comply with the rules and guidelines for transport of Division 6.2 infectious substances, which is regulated as a hazardous material under the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR; 49 CFR Parts 171-178). Purpose of adherence to these regulations and requirements is to minimize the potential for damage to the contents of the package during transport and to reduce the exposure of the shipper to the risks of criminal and civil liability associated with the improper shipment of dangerous goods. Specimens and organism isolates will be rejected if submitted improperly.

Anyone involved in the classification, packaging, shipping or transportation of dangerous goods (including infectious substances) must be trained and certified in the shipment of dangerous goods (Division 6.2). Training must be function-specific, i.e., directly relevant to role the person plays in the packing and shipping process. Persons who pack and ship Category B infectious substances and exempt specimens must receive clear instructions, understand classification and be familiar with regulations. However, persons who pack and ship Category A infectious substances or ≥ 5 kg Dry Ice must receive the aforementioned training plus specific training for all functions involved in packing and shipping more hazardous Category A substances, and be certified to do so.

Transport Instructions:

After determining the exact nature and category of the substance to be shipped, the shipper must follow the appropriate packing instructions, provided by Nebraska Public Health Laboratory in each shipping box and at training sessions.

Courier Services:

Category A Infectious Substance UN2814 shipped from Omaha area must be transported to NPHL by exclusive couriers, as they are only courier specifically trained and licensed to transport Category A. Do not use routine NPHL courier. Call Client Services to arrange an exclusive courier.

All Lincoln and greater Nebraska laboratories must first notify NPHL and ship all Category A Infectious Substances via FedEx, to include airbill and shippers declaration.

To inquire about scheduled stops, and after hours courier ground service, call client services Toll Free 866.290.1406 or 402.559.2440.

Packages going by **FedEx or NPHL Ground**, ship to address:

CATEGORY A *

Client Services
Nebraska Public Health Laboratory
4400 Emile Street MSB 3500
Omaha, NE 68105
Phone: 866.290.1406

CATEGORY B

Client Services
Nebraska Public Health Laboratory
601 S Saddle Creek Rd MSB 3500
Omaha, NE 68106
Phone: 866.290.1406

***Courier must be specifically trained and licensed to transport Category A. Do not use routine NPHL courier.**